



United Brachial Plexus Network's Awareness Goals and Direction

- To increase awareness of brachial plexus injuries among the general public.
- To increase the participation and involvement of the medical community for awareness.
- To increase the participation and involvement of the brachial plexus communities to reach out to neighboring communities.
- To make a sincere and conscious effort to reach new families/individuals affected by brachial plexus injuries.
- To enhance our community involvement and sense of personal belonging.

Obstetrical Brachial Plexus Injuries:

*Information for
Parents*



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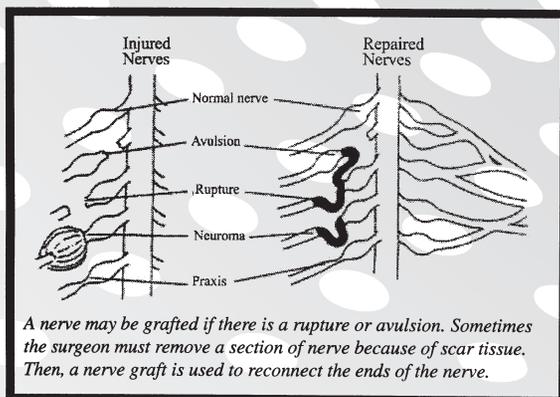
What is a Brachial Plexus Injury (BPI)

The Brachial Plexus is a network of nerves that run from the spinal column in the neck down to the fingers. These nerves affect the the muscles of the shoulder, arm, elbow, wrist, hand and fingers. They can be injured in the following ways:

- stretched
- ruptured (torn)
- avulsed (pulled out of spinal socket).

If your newborn's arm is notably weak or completely paralyzed, your child may have a Brachial Plexus Injury (BPI), also known as Erb's Palsy or Brachial Plexus Palsy(BPP).

During the first few weeks, handle your baby's neck and arm carefully. Be aware of the positioning of your baby's arm ,especially when lifting or carrying your child. Family, friends and caretakers will need to be taught that pulling or lifting by the arm can cause further injury and pain.



YOU ARE NOT ALONE!

FACTS ABOUT BRACHIAL PLEXUS INJURIES

• Brachial plexus injuries (BPIs) often occur during the birthing process.

• Brachial plexus statistics vary widely, but general consensus is that BPIs occur in 2-5 out of 1000 births.

• More children suffer from brachial plexus injuries sustained at birth than Down Syndrome or Muscular Dystrophy—yet information for BPIs is not so readily obtained.

• See a Physical (PT) or Occupational (OT) therapist to learn how to do “Range of Motion” (ROM) exercises

• Research the resources for Pediatric Brachial Plexus Specialists. These are doctors who specialize in the treatment and repair of these types of injuries in infants. UBPN offers a medical resource directory on its web site, which is helpful in finding specialists.

• It is most important to contact the Pediatric Brachial Plexus Specialist as early as possible, so that appointments can be scheduled. Wait lists are common in the larger clinics.

• When the nerve is severely injured, it has to regrow from the neck, down the arm.

• Regeneration of nerves happen at a slow rate of one inch or three centimeters per month.



• As nerves regenerate, movements of the muscles associated with each nerve will begin to appear. At first, the movements will be very weak and the child will use gravity as a helper. As the muscles get fully innervated (connection from nerve to muscle established), they will gain strength and move without the assistance of gravity.

• A real turning point in your child's prognosis will be the presence or absence of biceps function at three months of age. Brachial plexus specialists worldwide agree that if the child does not have biceps function by that time, surgical repair is discussed.

• The timeframe for surgical repair is a very important factor for recovery. Within 12 months of the injury, the muscles that have not already been innervated (connected to nerves) will have atrophied to the point where innervation is no longer possible.

• UBPN offers several forums on its web site located www.ubpn.org, which will allow you to read about other parents experiences.

